

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 413)**

Serial No.

2783190

Filing Date

6-27-01 9-12-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1		1			
15						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	2		2			
TOTAL OFF.	28		28			
TOTAL	40		40			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						